

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Division regarding a medical fee dispute between the requestor and the respondent named above. This dispute was received on 6/30/03.

I. DISPUTE

Whether there should be reimbursement for dates of service 2/03/03 through 4/11/03. The Carrier denied reimbursement as “F – Submitted documentation does not support or meet the criteria for one-on-one therapy that is identified in the Fee Guideline Ground Rules and or CPT code descriptor for reimbursement.

II. RATIONALE

DOS	CPT	BILLED	PAID	EOB Denial Code(s)	MARS	REFERENCE	RATIONALE:
2/03/03	97110	\$135.00	\$0.00	F	\$105.00	1996 MFG	Recent review of disputes involving one-on-one CPT Code 97110 by the Medical Dispute Resolution section indicate overall deficiencies in the adequacy of the documentation of this code both with respect to the medical necessity of one-on-one therapy and documentation reflecting that these individual services were provided as billed. Moreover, the disputes indicate confusion regarding what constitutes “one-on-one.” Therefore, consistent with the general obligation set forth in Section 413.016 of the Labor Code, the Medical Review Division has reviewed the matters in light all of the Commission requirements for proper documentation. The Requestor has failed to submit relevant documentation to support reimbursement in accordance with the 1996 MFG and 133.307(g)(3). Therefore, reimbursement is not recommended.
2/05/03	97110	\$135.00	\$0.00	F	\$105.00	MGR	
2/12/03	97110	\$135.00	\$0.00	F	\$105.00	(I)(A)(10);	
2/14/03	97110	\$180.00	\$0.00	F	\$140.00	TWCC Rule	
2/24/03	97110	\$225.00	\$0.00	F	\$175.00	133.307 (g)(3)	
2/27/03	97110	\$270.00	\$0.00	F	\$210.00		
2/28/03	97110	\$180.00	\$0.00	F	\$140.00		
3/03/03	97110	\$180.00	\$0.00	F	\$140.00		
3/05/03	97110	\$225.00	\$0.00	F	\$175.00		
3/07/03	97110	\$180.00	\$0.00	F	\$140.00		
3/10/03	97110	\$180.00	\$0.00	F	\$140.00		
3/27/03	97110	\$225.00	\$0.00	F	\$175.00		
3/28/03	97110	\$ 45.00	\$0.00	F	\$ 45.00		
4/10/03	97110	\$ 90.00	\$0.00	F	\$ 70.00		
4/11/03	97110	\$ 90.00	\$0.00	F	\$ 70.00		
3/05/03	97122	\$ 35.00	\$0.00	F	\$ 35.00	TWCC Rule	The Commission requested additional documentation by letter (MR-116) dated 7/11/03. The Requestor did not respond with relevant documentation to support delivery of service in accordance with TWCC Rule 133.307(g)(3). Therefore, reimbursement is not recommended.
3/07/03	97122	\$ 35.00	\$0.00	F	\$ 35.00	133.307 (g)(3)	
3/28/03	97113	\$300.00	\$0.00	F	\$260.00		The Requestor is not entitled to reimbursement.
4/10/03	97113	\$300.00	\$0.00	F	\$260.00		
4/11/03	97113	\$300.00	\$0.00	F	\$260.00		
Totals							

III. DECISION

Based upon the review of the disputed healthcare services within this request, the Division has determined that the Requestor is not entitled to reimbursement.

The above Decision is hereby issued this 30th day of March 2004.

Pat DeVries
Medical Dispute Resolution Officer
Medical Review Division
PD/pd